(staple inside file in blue slip area)

700 INTERNAL TRANSFER		
ATE: 16 \$ 5014 01	FROM: Like Wo	SSUM (print name)
	REASON(S):	[]
ORWARD TO:	A. You had Parent	(check box)
. Art Unit:	B. See Title	(check box)
. Class: <u>7/3</u>	_ C. See Abstract	- Junear sony
Subclass: 150+	D. See Claim(s):	<u>X</u>
URTHER EXPLANATION IF NE	EDED: Lata for XMISSION	-
)ATE:	_ FROM:	(print name)
	REASON(S):	
ORWARD TO:	A. You had Parent	(check box)
L. Art Unit:	B. See Title	(check box)
3. Class:	C. See Abstract	(check box)
C Subclass: FURTHER EXPLANATION IF NE	D. See Claim(s):	
FURTHER EXPLANATION IF NE		(print name
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FURTHER EXPLANATION IF NE	FROM: REASON(S):	(print name
FURTHER EXPLANATION IF NE	EDED:	
FURTHER EXPLANATION IF NE	FROM: REASON(S): A. You had Parent	(check box)
FURTHER EXPLANATION IF NE	FROM: REASON(S): A. You had Parent B. See Title C. See Abstract	(check box)
FURTHER EXPLANATION IF NE	FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s):	(check box)
FURTHER EXPLANATION IF NE	FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s):	(check box)
FURTHER EXPLANATION IF NE	FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s):	(check box)
FURTHER EXPLANATION IF NE	FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s):	(check box)
FURTHER EXPLANATION IF NE	FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): EEDED:	(check box)
DATE: FORWARD TO CLASSIFIER FURTHER EXPLANATION IF N	FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): EEDED:	(check box)
FURTHER EXPLANATION IF NE	FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): EEDED: ASSIFICATION	(check box)
FURTHER EXPLANATION IF NE	FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): EEDED: ASSIFICATION CLASSIFIER:	(check box)
DATE: FORWARD TO CLASSIFIER FURTHER EXPLANATION IF NO DISPOSITION BY 2700 CL DATE:	FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): EEDED: ASSIFICATION CLASSIFIER: REASON(S):	(check box) (check box)
DATE: FORWARD TO CLASSIFIER FURTHER EXPLANATION IF NO DISPOSITION BY 2700 CL DATE: FORWARD TO:	FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): EEDED: ASSIFICATION CLASSIFIER: REASON(S): A. You had Parent	(check box) (check box)

FURTHER EXPLANATION IF NEEDED: